Treatment for Emotional Problems

Completed

Bureau of Substance Abuse Services Massachusetts Department of Public Health

STATE OF MARKET
THEAT OF PUBLIC IN

Disenrollment Assessment House of Correction

		•					
OF Massacra	Disenrollment House of C		nt	► ESM Client ID:			
All Questions marked with a ▶ mus	at be completed			Boxes marked with ★	= Refer t	o key at end of form	
Disenrollment Date: /	1						
Disenrollment Reason: Select	one						
Completed	Relapsed	Transfer	ed to anoth	er HoC/prison/jail	□ Но	ospitalized, Mental Health	
Drop Out	Administrative/non-compliant	☐ Hospitali	zed, Medica	al	☐ De	eceased	
First Name:	M.I.	Last Name:				Suffix	
1. Client Code:			•	2. Intake/Clinician Initia	ls:		
3. Client Type Prima	ry		<u> </u>				
4. Discharge Plan 1 Ye	s 2 \(\sigma \)No			5a. Referred to Self Hel	n 1	Yes 2 No	
	at self-help programs in the last	30 days or since Eni	I		-		t
6. Client referrals at Disenrol	* * *	uired, referral #2 & 3 a				what determines a referral.	
Referral #1	Referral #2	unou, 101011u1 #2 € 0 1	. ,	Referral #3	*	what determines a referral.	
				Kererrai #3			
7. Employment Status at Dis	enrollment			_	_		
1 Working Ful	I Time	7 Not in Labor For	ce Disabled	10	_Not in L	_abor Force Incarcerated	
2⊡Working Pa	rt Time	9 Not in Labor For	ce Other	99	Unkno	wn	
							00
8. Number of days worked in	the past 30 days or since Enroll	ment ir in treatment	iess than tr	nirty 30 days.		If Unknown use	99.
9. Number of arrests in the la	st 30 days or since Enrollment in	f in treatment less th	an 30 days	. Section 35	is not an	arrest, it is a civil commitme	nt.)
	Ith Service provided to clients du						
Legal Aid Services	ot Provided 1= Provided by You Medication for		vided by Ano	Literacy Services	led by Boi	th Your Agency and Another Age Medication for Withdrawal	ncy
(e.g. Assistance with Court Issues)	Problems (i.e.			Eneracy dervices		Not comfort meds (e.g. Tylenol)	
Orug Screening (e.g. urine testing)	Perm/trans Ho	Housing	Enç	glish as a 2 nd Language		TB Testing Not screening or assessment (e.g. a mantoux test is TB testing)	
Treatment for Medical Problems		GED		Job Placement/Referral esume writing instruction)		TB Treatment Medication	
reatment for Emotional Problems Mental Health not Addiction Issues	Vocatio (e.g. Nurses' aid	nal Training certification)	(e	Financial Counseling .g. Balance a checkbook)		STD/STI, HIV, Hep C Testing Not screening or assessment	
Nicotine Replacement Therapy (e.g. Patch, Gum)	(e.g. Birth Contro	ily Planning of Education)		Prenatal Care		STD/STI, HIV, Hep C Treatment Medication	
Medication for Medical Problems		Child Care		Post-partum Care			

Parenting Classes

Medication-Assisted Treatment i.e. Methadone, Buprenorphine (e.g. Suboxone), Injectable Naltrexone (e.g. Vivitrol)

Immediately after birth to 1 year

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11. Currently receiving services from a state	e agency: (Check if the cl	ient is set up to receive th	ese services at discharge.) Check all that apply.
None	DDS: Dept. Develop	mental Svcs (former DMR)	MCB: Mass Comm. for the Blind
DCF: Dept. Children and Families	DPH: e.g. HIV, WIC	not substance abuse svcs.	MCDHH: Mass Comm. Deaf & Hard of Hearing
MPB: Mass Parole Board	☐ DTA: Food stamps,	TANF	Other
OCP: Office of Commissioner of Probation	DMA: MassHealth		
DMH: Dept. Mental Health	☐ MRC : Mass Rehabil	itation Comm.	
► 12. Living arrangement at Disenrollment: (Check one)		
☐ House or apartment ☐ Institu	ution	Shelter/mission	Refused
Room/boarding or sober house Grou	p home/Treatment	On the streets	Unknown
► H1. Was the client homeless at Intake/Enro	Ilment (whether <u>or not</u> chro	nic) Yes No	
If the answer to Q H1 is 'Yes', Question H2 and H3 and	re required. If the answer to	H1 is 'No', skip to Question	13
H2. <u>Detailed</u> living arrangement at Disenrol	llment	 *	
H3. Permanence Of living situation at Diser	nrollment* Perma	anent Transitio	onal Refused Unknown
► 13. Has there been <i>any</i> drug or alcohol use if the client left treatment unexpectedly,			
If the client left treatment unexpectedly, If the answer to Q. 13 is 'Yes', please rank su	base answer on last face-to ubstance abuse problems by y entering the corresponding le	-face session. If answer to y selecting the CURRENT petter on the next page – letter	o Q 13 is 'No', skip to Q 17 primary, secondary, and tertiary substance as the ers A-U. (Neither nicotine/tobacco nor gambling can be a
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	★ Q 5b Frequency of Attendance at Self-Help Programs				
Code		Code			
01	No attendance in the past month	05	16-30 times in past month (4 or more times per wk		
02	1-3 times in past month (less than once per week)	06	Some attendance, but frequency unknown		
03	4-7 times in past month (about once per week)	99	Unknown		
04	8-15 times in past month (2 or 3 times per week)				

			★ Q 6. Referral at Disenrollment		
Code		Code		Code	
00	Change Referral Not Needed – Assessment indicates that client does not require Entering formal treatment.	20	Change Health Care Professional, Hospital		67 Discontinued
95	New Referral Not Needed – Appropriate Mental Health Services Already in Place.	21	Emergency Room	68	Office of the Commissioner of Probation
96	Change Referral Not Needed – Appropriate Substance Abuse Services Already in Place.	22	HIV/AIDS Program	69	Massachusetts Parole Board
97	Referral Not made – Client Dropped Out	23	Needle Exchange Program	70	Dept. of Youth Services
98	Referral Attempted – Not Wanted by Client		24 through 25 Discontinued	71	Dept. of Children and Families
01	Self, Family, Non-medical Professional	26	New Mental Health Care Professional	72	Dept. of Mental Health
02	BMC Central Intake/Room 5		27 through 29 Discontinued	73	Dept. of Developmental Services
03	ATS/Detox	30	School Personnel, School System/College	74	Dept. of Public Health
04	Transitional Support Services/TSS	31	New Recovery High School	75	Dept. of Transitional Assistance
05	Clinical Stabilization Services/CSS-CMID		32 through 39 Discontinued		76 Discontinued
06	Residential Treatment	40	Supervisor/employee Counselor	77	Mass Rehabilitation Commission
07	Outpatient SA Counseling		41 through 49 Discontinued	78	Mass Commission for the Blind
08	Opioid Treatment	50	Shelter	79	Mass Commission for the Deaf and Hard of Hearing
09	Drunk Driving Program	51	Community or Religious Organization	80	Other State Agency
10	Acupuncture		52 through 58 Discontinued	81	Division of Medical Assistance/Mass Health
11	Gambling Program	59	Drug Court		
	12 & 13 Discontinued		60 through 63 Discontinued	99	Unknown
14	Sober House	64	Prerelease, Legal Aid, Police		
	15 Discontinued		65 through 66 Discontinued		
16	New Recovery Support Centers		·		
17	Second Offender Aftercare				
18	Family Intervention Programs				
19	Other Substance Abuse Treatment				

★ H2. Detailed Living Arrangement at Discharge					
1	Emergency Shelter	10	Rental room/house/apartment		
2	Transitional Housing for Homeless	11	Apartment or House that you own.		
3	Permanent housing for formerly homeless	12	Living With Family		
4	Psychiatric Hospital or Facility	13	Living With Friends		
5	Substance abuse/detox center	14	Hotel/Motel: no emergency shelter voucher		
6	Hospital	15	Foster care/group home		
7	Jail; Prison or Juvenile Facility	16	Place not meant for habitation		
8	Don't know				
	9 Has been discontinued				

			≠ Qı
	★ Primary/Secondar	y/Tertiary	Substance Codes
Α	Alcohol	K	Other Amphetamines
В	Cocaine	L	Other Stimulants
С	Crack	М	Benzodiazepines
D	Marijuana / Hashish	N	Other Tranquilizers
Е	Heroin	0	Barbiturates
F	Prescribed Opiates	Р	Other Sedatives / Hypnotics
G	Non-prescribed Opiates	Q	Inhalants
Н	PCP	R	Over the Counter
- 1	Other Hallucinogens	S	Club Drugs
J	Methamphetamine	U	Other

estions 1	4a – 16c	
		★ Frequency of Use
	1	No use during last 30 days or since enrollment
	2	1-3 times during last 30 days or since enrollment
	3	1-2 times per week during last 30 days or since enrollment
	4	3-6 times per week during last 30 days or since enrollment
	5	Daily use during the last 30 days or since enrollment
	99	Unknown
	estions 1	

	★ Route of Administration
1	Oral (swallow and/or chewing)
2	Smoking
3	Inhalation
4	Injection
5	Other